

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10

FILED AUG 15 1941
Registration District No. 222

Primary Registration District No. 4437

Registrar's No. 732

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 70 years
years, months or days)

3. (a) PRINT FULL NAME Sarah Elizabeth Robb

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widow
6. (b) Name of husband or wife William Robb 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 14 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 29 hr. min.

9. Birthplace Bolivar Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER { 12. Name John Featherstone
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Cyphronia Campbell
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Estil Robb
(b) Address R. F. D. Higbee Mo

17. (a) Burial (b) Date thereof July 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sharon. Howard Co.

18. (a) Signature of funeral director Joe W. Burton
(b) Address Higbee Mo

19. (a) July 14 1941 (b) J. W. Burton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Higbee Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 30, 1941
June 30 1941 to July 12 1941;
that I last saw her alive on July 12 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pernicious Anemia 90
Days

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings: No
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Burton (M. D. or other) J. M. D.
Address Higbee Mo. Date signed 7/14/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number

8-41-1454

Date Filed

AUG 9 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

P. B. Stanfield

Licensed Embalmer No.

2647

P. O. Address

Waco, Tex

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.